



EXPERIENCES OF FAMILY MEMBERS REGARDING PATIENTS IN THE INTENSIVE CARE UNITS (ICUS)

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ABSTRACT

This review gives the useful results to describe the experiences of family members regarding patients admitted in the ICU who have experienced highly stressful situation while doing interactions with the ICU staffs. The family member filled with the emotional distress while having critical illness of the patient and it is difficult for the family members to handle the situation who are emotionally sensitive and having difficulty in coping. The purpose of the study is to receive feedback about their patients' progress or condition from the ICU staff.

METHOD: The initial work out starts with the qualitative research review literature. A literature review was completed in which search done from Pub-med, EBSCO, DELNET etc. those were focusing from 2000-2016 in which around 30 published articles investigating the experiences of family members of ICU patients. From these articles, 10 articles are selected and narrative review was prepared.

RESULT: The review identified that family members felt satisfied and relaxed when having supportive communication with ICU staff. Family members received reassurance from the ICU staffs and felt comfortable while getting information about their patients' treatment and care.

CONCLUSION: Family members value and respect the ICU staff and felt satisfied while having therapeutic interaction with the ICU staff but their feelings are at risk of emotional distress if they are not well supported by the ICU staffs.

KEY WORDS: Family, Experiences of family members, Intensive Care Unit.

1. INTRODUCTION

Nursing is the practice or profession to provide quality care for the critically ill patient. The intensive care unit is an area where the seriously ill patients are dedicated for the care with less attention given to the patients' family members. The purpose of the study is to receive feedback about their patients' progress or condition while doing the therapeutic communications to the ICU staff. Family members play an important role for the critical decision making and experienced helplessness without having knowledge regarding the patient's diagnosis and outcomes. It has been suggested that family members experienced stress and anxiety when visiting to their patients, including when the information have been taken from the ICU staffs.

2. METHODOLOGY

2.1 Search strategy method:

The reviews focused on the period 2002-2016 because most of the study done in between these years. More than 30 review of literature is available. 10 articles included in this review because of their eligibility. A literature review was completed in which search done from PUBMED, GOOGLE SCHOLAR, EBSCO, DELNET etc.

In total 30 articles, no articles are record after duplicates to removed, than total 30 articles are screened. After screening of total 30 articles, 5 articles (full-text) are excluded because these articles are not relevant to objectives of the study review. Then 25 full text articles are assessed for eligibility. In 25 articles, 15 full-text articles are excluded with reason because of duplicity. Then 10 full-text articles or studies are included because these are related to qualitative reviews. All studies collected the data through face to face or in-depth interviews or semi-structured questionnaire. In conducting the interviews they have used the open ended questionnaires. The duration of the interviews should be 45 minutes to one hour in all studies. In many of the studies, interviews were audio-recorded (with permission from the participants) and audio recordings were transcribed into verbatim.

2.2 Type of participants:

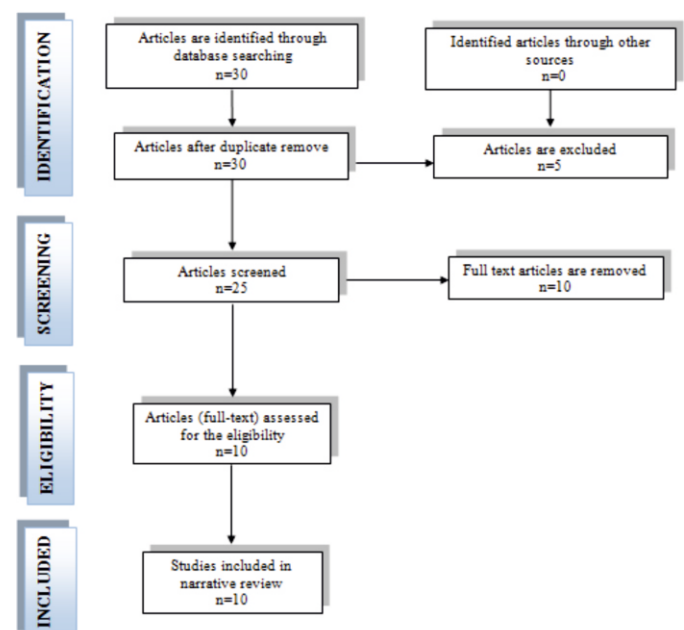
Family members of ICU patients.

2.3 Settings:

Six university affiliated intensive care units hospital, Three neonatal units in tertiary care hospital, At three tertiary care centers, Canadian urban center, ICUs of three teaching hospital, Metropolitan hospital and ACH hospital.

3. RESULTS

3.1 PRISMA FLOW CHART



3.2 Table no. 1: Data extraction table

SR. No	Problem statement/ Author	Place of research & year	Variables	Tool	Time duration	Outcomes	Conclusion
1)	Family satisfaction with care in the intensive care unit. (Daren, K. H, et al 2002)	Six university-affiliated intensive care units across Canada. (2002)	Family satisfaction with care in ICU.	Questionnaire	-----	Family members experience support and greatest satisfaction with the nursing skills and respect the nurses for care but were dissatisfied with the waiting area facilities and frequency of physician - communication.	The findings of the study support the assertion that family members mostly prefer to gather information from the ICU staffs because of easier approach and their familiar nature that help to minimize the risk.
2)	Relatives' experiences of ICU care. Urizzi, F.,et.al (2007).	Santa Casa in Londrina. (2007)	Relatives' experience of ICU care.	Interviews.	-----	In this study care is noticed by the family members in the ICU that is provide to their critically ill patients and felt relaxed, hopeful, and satisfied and even thankful for their care by seeing the improvement in their patients condition.	In this study chance of death and rescue are two associated experiences which family members, critically ill patients, and ICU staffs face every day that causes increase risk of the emotional disturbances and suffering among the family members.
3)	A qualitative study on Parents' experience and satisfaction regarding their very preterm babies care. Sawyer, A., et al (2013).	Three neonatal units in tertiary care hospitals in South-East England (2013).	Parents' experiences and satisfaction	Semi-structured interviews	Interviews lasted approximately 45 minutes.	Majority, 80% of family members were extremely satisfied by ICU care, the result said that 7(18%) family members were generally satisfied but felt improvement in provision of information while doing interaction and 1 (2%) was dissatisfied because not getting time to clear their doubts.	Family members in the ICU need emotional support and reassurance from the ICU staff to reduce their stress and anxiety which likely to increase. In this study family members often emotionally upset and need help from the staff to deal the difficult situation, and also mentioned that the staff always being in control to help the family members.
4)	A qualitative multicenter study on parents' expectations of staff in the early bonding process with their premature babies in the intensive care setting. (Sonia, G., et al 2013).	Three tertiary care centers, Paris region , France (2013).	Parents' expectation	Semi-directive interviews	Between 60 to 90 minutes.	Most of the Family members mentioned good therapeutic relationship with the ICU staffs and experience their gentle attitude toward the care of patients and fulfilling the needs of the family members as necessarily subject to its authority.	The study highlighted that family members need reassurance, attention to promote the emergent feelings of being helpful, high quality and focus on their baby as well as interaction with the physician with a sense of security.
5)	Parents' views on their very premature babies care in NICUs. Gillian, R., et al (2014).	The study was conducted in South East England (2014).	Parents' views on care.	12 open ended questions.	Interviews lasted for approximately 45 minutes.	Overall, family members were satisfied with the care and skills, they had given 3 major themes to determine their satisfaction those are –families' involvement, staff competence or efficiency and interpersonal relationships with staff to get feedback.	The majority of family members expressed that mutual interaction with the ICU staff is one of the most important attribute to describe their satisfaction in the ICU ,the study suggests that understanding the parents' experiences as they seek to survive their very premature patients to notify the development of family-centered care in the ICU.
6)	Fathers' perception of facilitators and barriers to their involvement with their newborn in NICU. Nancy, F.,(2013).	Canadian urban centre. (2013).	Fathers' perception of the barriers	Minimally to moderately structured Interviews.	Lastest between 45–90 minutes.	The family members are satisfied because the ICU staffs providing all the information regarding patient condition and an appropriate verbal communication between staff nurses and family members encourage the confidence to take care of their patient in the ICU.	The study highlight that the experience of ICU staff play a major role in helping the family members of the patients by giving reassurance , encouragement, and teaching through interaction that helps in healthy growth and development and reduce the barriers in the patient condition.
7)	Perception of Iranian family members of patients in the ICU. Mina, G., et al (2014).	ICUs of three teaching hospitals in Iran (2014).	Perception of family members.	Semi-structured interviews	The interview took between 35 and 85 minutes.	In the study family members experience hope of recovery during patients' unstable condition and most of the family members having faith in God and having spiritual and cultural belief that family members use an strategies that help to improve the patient condition soon.	Findings of the study showed that the family members feel relax when supported by the ICU staff and when the staff allow them to present in the ICU and being participate in giving care to their patients the fear, stress and anxiety of the family members is reduce to some extent regarding the patients' recovery.

8)	A qualitative study on Families' experiences of their interactions with staff in an Australian intensive care unit (ICU). (Pauline, W., et al 2015)	In an ICU at a major metropolitan hospital in Australia (2015).	Families' experiences with the intensive care unit (ICU) staff.	In-depth interviews	Between 30 to 88 minutes.	The study describe that family members felt changes in their daily living activities while staying in the ICU, and they felt that because of the tight and busy schedule of the staff they are unable to do the interaction to clear their doubts.	Family members focused their experience on the communication with the ICU staff, they describe that due to poor communication with the staff causes fear and distress regarding the patients' condition and suggested to have a tactful staff to give information while deliver the bad news.
9)	Parental perceptions of touch between parents & infants in the NICU. Crystal, Y.W. (2010).	ACH hospital is located in central Arkansas. (2010).	Parental perception	Semi-structured interviews	Lasted from 45–60 minutes in length.	This study find out that family members had awkwardness and anxiety during the initial weeks in the ICU and feel loss of control to perform other task in daily living and they need to take responsibility of their patients in the ICU.	All the family members in this study need skillful staff who knew to care their patients well. The study highlighted that they felt comfortable when receiving respect from the staff, and reported that the finest health providers' behaviors influence the that the finest nursing behaviors influence the role of the parents' as a whole.
10)	Intensive care unit family needs, Nurses' and families' perception Turkan, O., et al (2014).	One teaching hospital in Turkey (2014).	Nurses and Family members perception.	45-item self-report questionnaire.	Approximately 15-20 minutes.	Family members in this study need a staff to continuously giving information regarding the patient condition treatment, care and prognosis. In the study 14% family members said "Never", 23% "Always", and 63% "Sometimes" willing to participate in decision making process.	According to this study, there were major differences in families' needs and providers' needs. Family members anxiety level is reduced when their needs are fulfill. In study the most important need was to having knowledge regarding patients' progress and best promising care to their care to help to improve the health status of the patient or make the family members satisfied.

4. RESULT (DISCUSSION)

Majority of family members regarding their interactions concern given provide by the ICU staff and also felt respect by the staff and supportive communication were reported the greatest satisfaction that help in pain management and decision making. Family members were least satisfied with the external facilities and frequency of therapeutic interaction with the physician.

Overall, 80% of the family members were extremely satisfied with the care by intensive care staff while staying in the ICU, the result said that family members were generally satisfied included psychological support, interaction, reassurance, and in encouragement from the staff but few family members felt that there is need to having some improvement such as provision of information.

Overall, families were satisfied with the care provided by the nurses in the NICU, as one of the most important factors that describing family members' satisfaction is capability and competency of the staff nurse to handle the situation and giving care to their patients, mostly support to the family members, appropriate information and friendly nature of the staff were highlighted by the family members in their experience while staying in the ICU.

Depression of the family members were identified as a risk factor because of having inappropriate interactions with the health professionals and few of the family members encounter difficulty to do interaction and making a therapeutic bond with the ICU staff, family members suggested to provide better psychological support to reduce the families' stress and fear of anxiety.

5. CONCLUSION

The study has provided a deep and insight about how family members are satisfied and dissatisfied regarding certain elements of ICU care and their met and unmet physical, emotional needs. Family members in ICU experience respect from the staff and being involve in the process of decision making. Determinants of encouraging experiences regarding care to their patients were generally consistent by the family members. Specifically, Fear of anxiety, Satisfied care, Supportive communication, Explanation of information were highlighted by the family members as important in their experience of ICU.

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